Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TX HEALTH DBA INJURY 1-DALLAS
9330 LBJ FREEWAY, SUITE 1000
DALLAS TX 75243

Respondent Name

AMERICAN ZURICH INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-12-0256-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "…The services were provided and the claims were denied per EOB claim/service lacks information which is needed for adjudication. The documentation was attached to the claim."

Amount in Dispute: $346.72

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "…The insurance carrier maintains its denial as stated in its EOBs issued to the provider. The provider did not submit adequate or sufficient information to be entitled to reimbursement."

Response Submitted by: Zurich c/o Flahive, Ogden, and Latson; Post Office Drawer 201329; Austin TX 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 10, 2010 March 22, 2011	97750 97750-GP	$173.36 $173.36	$ 346.72

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated January 4, 2011 and April 18, 2011
   - 16 – Claim/service lacks information which is needed for adjudication.

- 205 – This charge was disallowed as additional information/definition is required to clarify service/supply rendered. Additional note on January 4, 2011 explanation of benefits: Valued modifier required for 97750.

Issues

1. Does the submitted medical documentation support the services billed?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 (b)(1) requires that system participants shall apply Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. The AMA CPT code that defines the service in dispute (97750) is found in the 'Test and Measurements' section of the Medicine/Physical Medicine and Rehabilitation section of the 2010 and 2011 AMA CPT Code Books. CPT Code 97750 requires direct one-on-one patient contact. CPT code 97750 is described as a "physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes. CPT 97750 should be billed in 15 minutes increments for time that the provider of services spends in direct, one-on-one contact with the injured employee. The requestor's medical documentation for December 10, 2010 states, "PPE Start 2:00pm Finish 3:00pm, Evaluation Time 1 hour 0 min." The requestor's medical documentation for March 22, 2011 states, "PPE Start 1:00pm Finish 2:00pm, Evaluation Time 1 hour 0 Min." A review of the medical documentation submitted for both disputed dates sufficiently supports the services rendered as billed.
2. The Division concludes that the requestor is entitled to reimbursement as calculated below:
    - The 2010 DWC conversion factor is $54.32 divided by the Medicare conversion factor of $36.8729 multiplied by the participating amount of $30.48 equals $44.90 per unit. The requestor billed 4 units on December 10, 2010. $44.90 multiplied by 4 units equals $179.60.
    - The 2011 DWC conversion factor is $54.54 divided by the Medicare conversion factor of $33.9764 multiplied by the participating amount of $31.38 equals $50.37 per unit. The requestor billed 4 units on March 22, 2011. $50.37 multiplied by 4 units equals $201.49.
    - The requestor is seeking $173.36 for each disputed date of service for a total of $346.72.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $ 346.72.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $346.72 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		December 22, 2011
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.